

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: MH**  
**APPLICATION YEAR: 2006**

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- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
  - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- [NEW STATE PERFORMANCE AND OUTCOME MEASURES FOR NEW NEEDS ASSESSMENT PERIOD](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/12/2005</b>	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: <b>Ministry of Health</b>		Organizational Unit: <b>Bureau of Primary Health Care</b>	
Address (give city, county, state and zip code) <b>P.O. Box 16</b>  <b>Majuro, MH 96960</b> County: <b>Marshall Islands</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Justina R. Langidrik, MPH</b> Tel Number: <b>(692) 625-5660/7246</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality              J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality        M. Profit Organization G. Special District        N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award   B. Decrease Award   C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> TITLE: <b>Maternal and Child Health Services Block Grant</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maternal &amp; Child Health Program</b>	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Marshall Islands(RMI)</b>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: <b>10/01/2005</b>	Ending Date: <b>09/30/2006</b>	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>252,495.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>189,372.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>441,867.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Justina R. Langidrik, MPH</b>		b. Title <b>Secretary of Health</b>	c. Telephone Number <b>(692) 625-5660/7246</b>
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)  
Prescribed by OMB A-102

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2006**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MH**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 252,495

A.Preventive and primary care for children:

\$ 75,749 ( 30 %)

B.Children with special health care needs:

\$ 75,749 ( 30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 25,249 ( 10 %)

(The above figure cannot be more than 10% )[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 189,372

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 175,745

\$ 189,372

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 441,867

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 84,300

c. CISS: \$ 50,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 641,349

j. Education: \$ 0

k. Other: \$ 0

330 + FP \$ 297,375

CSAP \$ 100,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 1,173,024

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,614,891

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MH**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 242,082	\$ 242,082	\$ 252,495	\$ 0	\$ 252,495	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 181,562	\$ 181,562	\$ 189,372	\$ 0	\$ 189,372	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 423,644	\$ 423,644	\$ 441,867	\$ 0	\$ 441,867	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,188,724	\$ 1,173,024	\$ 1,173,024	\$ 0	\$ 1,173,024	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,612,368	\$ 1,596,668	\$ 1,614,891	\$ 0	\$ 1,614,891	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MH**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 242,082	\$ 242,082	\$ 0	\$ 0	\$ 242,082	\$ 242,082
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 181,562	\$ 181,562	\$ 0	\$ 0	\$ 181,562	\$ 181,562
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 423,644	\$ 423,644	\$ 0	\$ 0	\$ 423,644	\$ 423,644
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,188,724	\$ 0	\$ 0	\$ 0	\$ 1,188,724	\$ 1,188,724
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 1,612,368	\$ 423,644	\$ 0	\$ 0	\$ 1,612,368	\$ 1,612,368
(STATE MCH BUDGET TOTAL)						

<b>FORM NOTES FOR FORM 3</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 100,000	\$ 100,000	\$ 108,907	\$ 0	\$ 108,907	\$ 0
b. Infants < 1 year old	\$ 85,000	\$ 85,000	\$ 86,274	\$ 0	\$ 86,274	\$ 0
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$ 0	\$ 141,811	\$ 0
d. Children with Special Healthcare Needs	\$ 72,625	\$ 72,625	\$ 79,625	\$ 0	\$ 79,625	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 24,208	\$ 24,208	\$ 25,250	\$ 0	\$ 25,250	\$ 0
g. SUBTOTAL	\$ 423,644	\$ 423,644	\$ 441,867	\$ 0	\$ 441,867	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 84,300		\$ 84,300	
c. CISS	\$ 50,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
330 + FP	\$ 0		\$ 297,375		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
330+FP	\$ 297,375		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 1,188,724		\$ 1,173,024		\$ 1,173,024	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MH**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 97,330	\$ 97,330	\$ 0	\$ 0	\$ 100,000	\$ 100,000
b. Infants < 1 year old	\$ 84,232	\$ 84,232	\$ 0	\$ 0	\$ 85,000	\$ 85,000
c. Children 1 to 22 years old	\$ 145,249	\$ 145,249	\$ 0	\$ 0	\$ 141,811	\$ 141,811
d. Children with Special Healthcare Needs	\$ 72,625	\$ 72,625	\$ 0	\$ 0	\$ 72,625	\$ 72,625
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 24,208	\$ 24,208	\$ 0	\$ 0	\$ 24,208	\$ 24,208
g. SUBTOTAL	\$ 423,644	\$ 423,644	\$ 0	\$ 0	\$ 423,644	\$ 423,644
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 0		\$ 100,000	
c. CISS	\$ 50,000		\$ 0		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 0		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
330+FP	\$ 297,375		\$ 0		\$ 297,375	
CSAP	\$ 100,000		\$ 0		\$ 100,000	
<b>III. SUBTOTAL</b>	\$ 1,188,724		\$ 0		\$ 1,188,724	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MH**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 0	\$ 135,000	\$ 123,973	\$ 0	\$ 123,973	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 0	\$ 80,000	\$ 90,000	\$ 0	\$ 90,000	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 0	\$ 125,000	\$ 125,250	\$ 0	\$ 125,250	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 0	\$ 83,644	\$ 102,644	\$ 0	\$ 102,644	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 0	\$ 423,644	\$ 441,867	\$ 0	\$ 441,867	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MH**

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 133,394	\$ 133,394	\$ 0	\$ 0	\$ 135,000	\$ 135,000
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 85,000	\$ 85,000	\$ 0	\$ 0	\$ 80,000	\$ 80,000
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 118,000	\$ 118,000	\$ 0	\$ 0	\$ 125,000	\$ 125,000
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 87,250	\$ 87,250	\$ 0	\$ 0	\$ 83,644	\$ 83,644
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 423,644	\$ 423,644	\$ 0	\$ 0	\$ 423,644	\$ 423,644

**FORM NOTES FOR FORM 5**

For FY 2002 Colum, I've tried to enter figures several times but it couldn't take it. We have the figure on budgeted and expended for FY 2002.

For FY 2004 Colum, I couldn't enter any figures on the budgeted line, but we have the figures.

**FIELD LEVEL NOTES**

None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: MH						
Total Births by Occurrence: 1,431				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2006

Field Note:

This is not applicable to the RMI since is not performed.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MH**

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,512	0.0	0.0	0.0	0.0	0.0
Infants < 1 year old	1,512	0.0	0.0	0.0	0.0	0.0
Children 1 to 22 years old	29,823	0.0	0.0	0.0	0.0	0.0
Children with Special Healthcare Needs	361	0.0	0.0	0.0	0.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL</b>	<b>33,208</b>					

## FORM NOTES FOR FORM 7

Title XIX and Title XXI do not apply to the RMI.

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
This data for the RMI.
2. **Section Number:** Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have Title XIX.
3. **Section Number:** Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have Title XXI.
4. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
RMI data.
5. **Section Number:** Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2006  
**Field Note:**  
This does not apply for the RMI.
6. **Section Number:** Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2006  
**Field Note:**  
No data is being collected since the RMI does not have Title XXI.
7. **Section Number:** Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
For children 1 to 22 year old, data shown for this item is estimated here.
8. **Section Number:** Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2006  
**Field Note:**  
The RMI does not have XIX.
9. **Section Number:** Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2006  
**Field Note:**  
RMI does not have Title XXI.
10. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
This is the total of children with special health care needs who have been identified, and referred to MCH/CSHCN program (they are currently receiving services from the program).
11. **Section Number:** Main  
**Field Name:** CSHCN\_XIX  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XIX %  
**Year:** 2006  
**Field Note:**  
This does not apply for the RMI.
12. **Section Number:** Main  
**Field Name:** CSHCN\_XXI

**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2006  
**Field Note:**  
There is no data available since we do not Title XXI.

13. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
The RMI did not served any others. The RMI does not have Title XIX, Title XXI or Private Hospitals that served any of the MCH population.

14. **Section Number:** Main  
**Field Name:** AllOthers\_XIX  
**Row Name:** Others  
**Column Name:** Title XIX %  
**Year:** 2006  
**Field Note:**  
This does not applied for the RMI.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MH**

Reporting Year: 2004

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,512	0	0	0	0	1,512	0	0
Title V Served	1,512	0	0	0	0	1,512	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,512	0	0	0	0	1,512	0	0
Title V Served	1,512	0	0	0	0	1,512	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,512	0	0	0	0	0	0	0
Title V Served	1,512	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,512	0	0	0	0	0	0	0
Title V Served	1,512	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0

**FORM NOTES FOR FORM 8****I. UNDUPLICATED COUNT BY RACE:**

Specified date for these two areas, race and ethnicity c will be reported in the next cycle ( letter A & F). Also, the RMI does not have Title XIX, therefore there is no client receiving services under Title XIX.

**II. UNDUPLICATED COUNT BY ETHNICITY:**

Data for B (B.1, B.2, B.3, B.4, B.5) & C can not be specified

**FIELD LEVEL NOTES**

None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____ none	_____ none	_____ none	_____ none
2. State MCH Toll-Free "Hotline" Name		none	none	none	none
3. Name of Contact Person for State MCH "Hotline"	_____	_____ none	_____ none	_____ none	_____ none
4. Contact Person's Telephone Number	_____	_____ none	_____ none	_____ none	_____ none
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____	_____	_____ 0	_____ 0

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MH**

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

**FORM NOTES FOR FORM 9**

The RMI does not have toll-free number. But the RMI MCH program has its own direct line which is available Mondays thru Fridays during regular working hours, except on weekends and holidays.

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** hname\_2  
**Row Name:** State MCH toll-free hotline name  
**Column Name:** FY  
**Year:** 2006  
**Field Note:**  
This is a direct line since the RMI does not have hotline.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2006**  
[SEC. 506(A)(1)]  
**STATE: MH**

1. State MCH Administration:  
(max 2500 characters)

The Constitution of the Marshall Islands designates the Ministry of Health (MOH) as the "state" agency. The MOH is the only legislatively authorized agency that provides health care to the people of the Marshall Islands. The Bureau of Primary Health Care (PHC) is one of five major bureaus within MOH and is responsible for all preventive and primary care programs. The Division of Public Health is under the PHC Bureau and includes the MCH/CSHCN Program. This program provides health and health-related services for mothers, infants, adolescents, and their families.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 252,495
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 189,372
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 441,867</b>

9. Most significant providers receiving MCH funds:

1 OB/GYN, 1 Medec, 2 Staff Nurse,  
3 Dental Assistant, 2 Health Educator  
1 Computer Manager

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,512
b. Infants < 1 year old	1,512
c. Children 1 to 22 years old	29,823
d. CSHCN	361
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Direct medical care and enabling services include clinical prenatal care and pap smears performed on pregnant women and women of child bearing age. In addition, STDs Testing (HIV/AIDS GC, syphilis, chlamydia) and immunization (MMR, Hep.B, TOPV, BCG, DPT) are also made available through the public health division that administers these programs. These are also medical and surgical services available for children with special health care needs (CSHCN).

b. Population-Based Services:  
(max 2500 characters)

In keeping with the Ministry of Health's shift to focus from curative to primary care, there has been renewed efforts to reestablished and strengthen population-based services. As a result, Community public health outreach programs such as Health education/awareness programs (some in collaboration with Youth to Youth in Health) have been organized and implemented and coordinated with other agencies such as the Ministry of Education, Youth Groups, Church Groups, and Women's Groups. Services in Immunization, Dental Care, and the Diabetes Reversal Program have been in these programs.

c. Infrastructure Building Services:  
(max 2500 characters)

The Ministry has implemented a national database to centralize the health and health-related data being collected by the various vertical programs in the ministry. The Health Management Information System (HMS) database is composed of five modules: medical records, epidemiology and biostatistics, referrals, Benefits, Monitoring and Evaluation (BME), and finance, and personnel. The ministry expected that combined with the renewed emphasis on data management, the HMIS will assist in improving the ministry data collection, dissemination, analysis, and reporting capabilities. This improving will directly benefit the MCH and CSHCN population

12. The primary Title V Program contact person:

Name	Justina R. Langidrik, MPH
Title	Secretary of Health
Address	Ministry of Health, P.O. Box 16,
City	Majuro
State	MH
Zip	96960
Phone	692-625-5660

13. The children with special health care needs (CSHCN) contact person:

Name	Hellen Jetnil
Title	MCH/CSHCN Coordinator
Address	Ministry of Health, P.O. Box 16,
City	Majuro
State	MH
Zip	96960
Phone	692-625-6941

Fax 692-625-3432

Email rmimohe@ntamar.com

Web

Fax 692-625-3432

Email davidh@ntamar.ne

Web

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** MCHAdmin  
**Row Name:** State MCH Administration  
**Column Name:**  
**Year:** 2006  
**Field Note:**

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MH**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN			
Numerator	0	0			
Denominator	0	0			
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0.0	0.0	0.0	0.0	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	15	9	9	9	9
Annual Indicator	8	8	100.0	100.0	100.0
Numerator			308	308	361
Denominator			308	308	361
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	80.3
Numerator	100	100	100	100	290
Denominator	100	100	100	100	361
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	80.3
Numerator	100	100	308	308	290
Denominator	100	100	308	308	361
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	86	90	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	100	100	100
Annual Indicator	NaN	NaN	100.0	100.0	80.3
Numerator	0	0	308	308	290
Denominator	0	0	308	308	361
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	85	90	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	9	9	9
Annual Indicator	NaN	NaN	90.9	90.9	90.9
Numerator	0	0	280	280	280
Denominator	0	0	308	308	308
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	34.3	42.0	59.7	57.0	49.5
Numerator	4,219	4,222	2,233	1,984	1,435
Denominator	12,283	10,053	3,742	3,480	2,899
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	60	65	70	75	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	200	175	175	150	125
Annual Indicator	193.6	182.9	165.5	162.9	167.3
Numerator	315	280	207	258	253
Denominator	1,627	1,531	1,251	1,584	1,512
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	55	60	65	70
Annual Indicator	NaN	8.5	24.3	54.9	87.1
Numerator	0	857	2,526	1,161	1,842
Denominator	0	10,053	10,395	2,115	2,115
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	85	85	87	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	5	30	9	9
Annual Indicator	0.0	16.0	9.1	4.5	22.4
Numerator	0	5	2	1	5
Denominator	30,761	31,285	21,859	22,052	22,281
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	99	100	100	100	100
Annual Indicator	98.1	98.0	99.9	100.0	100.0
Numerator	900	966	989	1,087	1,070
Denominator	917	986	990	1,087	1,070
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	0.0	0.0	0.0
Annual Indicator	NaN	NaN	13.4	13.1	11.4
Numerator	0	0	187	208	172
Denominator	0	0	1,392	1,592	1,512
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	20	25	30	35	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	36,951	31,285	21,859	22,052	22,281
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0.0	0.0	0.0	0.0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	21,859	22,052	22,281
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.9	0.9	0.9	9	9
Annual Indicator	1.4	1.4	14.3	14.4	12.4
Numerator	15	21	199	229	188
Denominator	1,103	1,531	1,392	1,592	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8	7	8	8	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	15	15	20	15	15
Annual Indicator	38.2	30.7	82.5	26.8	133.3
Numerator	3	2	6	2	10
Denominator	7,862	6,507	7,276	7,454	7,501
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	8	8	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	1.6	1.2	0.9
Numerator	0	0	22	19	13
Denominator	0	0	1,392	1,592	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	55	57	60	62
Annual Indicator	40.8	29.3	63.9	27.3	32.0
Numerator	450	449	799	432	325
Denominator	1,103	1,531	1,251	1,584	1,015
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	50	55	60	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 1**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1,103	1,531	1,251	1,584	1,512
Denominator	1,103	1,531	1,251	1,584	1,512
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	30	35	25	30	35
Annual Indicator	0.3	0.4	0.4	0.4	0.6
Numerator	20	23	26	28	36
Denominator	7,778	7,862	8,040	8,363	7,501
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	40	45	50	55	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percentage of mothers who exclusively breast feed their infant during the 1st six months and continue for two years

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	90	95	98
Annual Indicator	97.9	97.1	85.8	96.6	97.4
Numerator	945	939	885	923	1,394
Denominator	965	967	1,031	955	1,431
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	15	1
Annual Indicator	100.0	100.0	100.0	29.9	26.6
Numerator	145	181	185	79	96
Denominator	145	181	185	264	361
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	15	20	25	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

The number of women who are screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	95.6
Numerator	1,742	1,444	1,334	1,431	1,431
Denominator	1,742	1,444	1,334	1,431	1,497
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 8**

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	NA	NA	NA	NA	NA
Annual Indicator	NA				
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	NA				
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	35	35	40	45	50
Annual Indicator	100.0	15.2	11.2	25.4	17.7
Numerator	729	204	146	298	253
Denominator	729	1,346	1,309	1,175	1,431
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55	60	60	70	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 10**

Percentage of teenage (15 to 19) acceptors of modern contraception

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	20	25	30	35	40
Annual Indicator	11.3	3.7	1.3	3.0	7.5
Numerator	881	294	104	255	559
Denominator	7,778	7,862	8,040	8,363	7,501
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	50	55	55	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

This performance is not applicable to the RMI since the RMI does not perform these tests since we do not have the tools and not ready to carry on these tests.

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This National Performance Measure is not applicable to the RMI since metabolic is not performed.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Another survey will be planned for next needs assessment cycle, from the this survey results will be able to compare percentage of those who are satisfied with the services they receive. NEW PERFORMANCE
3. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
5. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
7. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The Republic of the Marshall Islands health insurance policy covers all Marshallese.
8. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
9. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
10. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
All families have access to services in the community to the health assistants on the outer islands, and to the two urban centers. Plan to assess the existing services will be done in the next 5 needs assessment.
11. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
12. **Section Number:** Performance Measure #5

- Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
13. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data provided for this Performance Measure is and estimation, actual data will be provided in the next report cycle with a survey result.
14. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
15. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
16. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Immunization data system has been having problem for sometimes, but is back on, therefore, more accurate data will be provided in the next FY reporting cycle.
17. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The age group based on the State (RMI) age breakdown is 15-19 since it is considered teenager in our culture.
18. **Section Number:** Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
For NPM #08, the RMI age group is 15-19, therefore data is reported based on the RMI age group.
19. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This is an estimate for 2004. It will be adjusted in the next reporting cycle.
20. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data provided have been estimated
21. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
There is no data collection for this Performance Measure since the newborns screening for hearing impairment before hospital discharge is not performed.
22. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This NPM is not applicable to the RMI since is not performed.
23. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
For 2004, data reported here has been estimated since routine hearing newborn screening is not actually performed.
24. **Section Number:** Performance Measure #13

- Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The RMI health insurance policy covers all Marshallese.
25. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The RMI does not have Medicaid Program.
26. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This NPM is not applicable to the RMI since is not eligible for the NPM #14.
27. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The RMI does not eligible for Medicaid.
28. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
There were 17 documented complete suicide cases for the RMI for FY 2003. Out of this number only 2 for 15-19 age group, there more among the older ages.
29. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
There are no facilities capable of providing specialized services for very low birth weight infants in the RMI.
30. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This is not applicable to the RMI since there is no facilities for high deliveries and neonates.
31. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This is an estimated since the RMI does not have any infants facilities for high risk deliveries and neonates.
32. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This data is for Majuro clinics only.
33. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This shown for 2004 is based on Majuro clinics only.
34. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data for FY2001, FY2002 are being estimated.
35. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data show here have been estimated.

**36. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Data shown here are being estimated. Please, note that for FY2002, for SPM #10 data will be reported in the next reporting cycle.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MH**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25	25	25	25	25
Annual Indicator	39.9	26.1	18.4	25.3	17.9
Numerator	62	40	23	40	27
Denominator	1,555	1,531	1,251	1,584	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.0	0.0	0.0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0.0	0.0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	10	10	10	9	9
Annual Indicator		18.9	16.0	22.0	8.6
Numerator		29	20	35	13
Denominator	1,555	1,531	1,251	1,592	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8	8	8	7	7
Annual Indicator		7.2	6.4	7.5	9.3
Numerator		11	8	12	14
Denominator	1,555	1,531	1,251	1,592	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	23	22	21	20	20
Annual Indicator		30.7	27.4	37.7	26.5
Numerator		47	35	60	40
Denominator		1,531	1,278	1,592	1,512
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	19	19	19	19
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25	24	23	22	21
Annual Indicator		53.4	62.8	90.7	80.8
Numerator		12	20	20	18
Denominator	30,761	22,464	31,835	22,052	22,281
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 12

The RMI age group for Outcome Measure #6 is 1 - 14 ages.

### FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This National Measure Outcome is not applicable to the RMI.
2. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data for FY2002 for this Outcome Measure Outcome will be reported when data is available.
3. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Please, notice that for Outcome Measure #6 ...Annual Indicator appears here is 80.8 which is not correct, 0.8 is the actual correct figure for #6.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MH**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 13

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: MH FY: 2006**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To continue to reduce infant mortality rates.
2. To reduce the rates of teenpregnancy.
3. To increase rates of prenatal visits during the first half of pregnancy(up to 5 months of pregnancy).
4. To reduce the rates of neonatal mortality and morbidity.
5. To increase access to preventive services for women who are at risk for cancer.
6. To reduce the rates of sexually transmitted diseases among women of child-bearing age.
7. To strengthen the Health Information System to provide essential data to strengthen health care services focusing on preventive services.
8. To improve accessibility to the MCH/CSHCN services for children 0-21 years and their families.
9. To improve preventive services for school children in dental services, immunization and nutrition education.
10. To strengthen screening programs on hearing to infants and young children.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MH

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Provide TA in the developing of a state training/workshop for the service providers, parents, and other agencies that involve with caring or service providers for these children within a medical home.	One of the areas of concerned brought up during the MCHBG public hearing held this year was lack of understanding in regarding to the service available, and lack of awareness and how to excess them.	To be recommended by MCHB.
2.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>18</u>	Review our existing service delivery for pregnant women, and provide TA in how to improve our 1st visits.	We have been trying over the past years, but there has not been any consistence.	To be recommended by MCHB.
3.	<b>Other</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Develop a tracking system for the CSHCN for better follow up of clients, and monitoring of service delivery.	CSHCN does not have a tracking system in place.	MCHB with experience in this area.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MH**

SP # 1

**PERFORMANCE MEASURE:**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

**STATUS:**

Active

**GOAL**

Increase to 90% mothers who receive nutriton and family planning counselling during prenatal care visits

**DEFINITION**

**Numerator:**

Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

**Denominator:**

Total number of mothers who attend prenatal care clinics

**Units:** 100   **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

**SIGNIFICANCE**

Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

SP # 4

**PERFORMANCE MEASURE:**

Provide health education activities related to suicide prevention geared towards the 15 to 19 year old age group.

**STATUS:**

Active

**GOAL**

Provide health education activities related to suicide geared towards the 15 to 19 age group

**DEFINITION**

**Numerator:**

Total number of health activities related to suicide information and prevention implemented

**Denominator:**

No Denominator

**Units:** 125 **Text:** Real number

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Health Education and Promotion Office, Human Services, HMIS

**SIGNIFICANCE**

The number of completed suicides have increased in recent years. For the 1997-98 fiscal year, there have been 12 completed suicides of which 1 was in the 15 to 19 age group. There is no estimate available for the total number of suicide attempts. The 15 to 19 age group has been targeted since most of the suicides have occurred in the 20 to 24 age group. More than 50% of the Marshall Islands population is less than 15 years old. Therefore, the number of completed suicides is a growing concern.

SP # 5

**PERFORMANCE MEASURE:**

Percentage of mothers who exclusively breast feed their infant during the 1st six months and continue for two years

**STATUS:**

Active

**GOAL**

To increase the number of mothers who exclusively breast feed their infant during the 1st six months and continue for two years by 95%

**DEFINITION**

**Numerator:**

Total number of mothers who continue to breast feed their child after 2 years

**Denominator:**

Total number of mothers who gave birth at the hospitals

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, Surveys, HMIS

**SIGNIFICANCE**

SP # 6

**PERFORMANCE MEASURE:**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

**STATUS:**

Active

**GOAL**

To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program

**DEFINITION**

**Numerator:**

Total number of children identified as needing special health care needs who were referred to the CSHCN program

**Denominator:**

Total number of children identified with abnormalities needing special health care

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHCN Program, Maternity Logs, Nursing Log, HMIS

**SIGNIFICANCE**

The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

SP # 7

**PERFORMANCE MEASURE:**

The number of women who are screened for cervical cancer.

**STATUS:**

Active

**GOAL**

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

**DEFINITION**

**Numerator:**

The total number of women who receive Pap smear screening

**Denominator:**

The total number of women who needs a Pap smear

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

**SIGNIFICANCE**

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP # 8

PERFORMANCE MEASURE:

STATUS: Active

GOAL \*\*\* Performance Measure discontinued \*\*\*

DEFINITION

Numerator:

Denominator:

Units: Text:

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

SP # 9

**PERFORMANCE MEASURE:**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

**STATUS:**

Active

**GOAL**

To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregnancy or delivery.

**DEFINITION**

**Numerator:**

Total number of identified high risk women who are referred

**Denominator:**

The total number of high risk women who are identified

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, HMIS

**SIGNIFICANCE**

The MCH program has seen an increasing number of pregnant women during prenatal visits who are at high risk for complications during their pregnancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

SP # 10

**PERFORMANCE MEASURE:**

Percentage of teenage (15 to 19) acceptors of modern contraception

**STATUS:**

Active

**GOAL**

Increase the number of teen acceptors of modern contraception

**DEFINITION**

**Numerator:**

Total number of new teen (15 to 19) acceptors of modern contraception

**Denominator:**

Total number of teens (15 to 19) in the population who are sexually active

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, HMIS

**SIGNIFICANCE**

The number of teenage pregnancies is high and on the increase. Health education programs geared towards this age group has focused on providing information on the availability of family planning options and the advantages of practicing safe sex and planned pregnancies. The number of acceptors would provide the baseline data for determining the total number of modern contraception users.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MH**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0	0	237.4	357.1	595.3
Numerator			207	314	527
Denominator			8,719	8,792	8,853
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0	0	0		
Numerator					
Denominator					
Is the Data Provisional or Final?					

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0	0	35.9	27.3	26.5
Numerator			449	432	280
Denominator			1,251	1,584	1,058
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004
Annual Indicator	0	0	0		
Numerator					
Denominator					
Is the Data Provisional or Final?					

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004
Annual Indicator	0	0	0		
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

## FORM NOTES FOR FORM 17

HSCI #2, #3, #7, & #8: Under the RMI Free Association with the United States, the RMI is not eligible for these services (Medicaid, SCHIP, EPSDT, & SSI) , therefore data is not being collected.

### FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data will be reported in the next FY report since there has not been finalized yet.
2. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data for Health Systems Capacity Indicator #01 will be reported as soon as it become available.
3. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This Performance is not applicable to the RMI because the RMI is not eligible for the Medicaid Program.
4. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This is not applicable to the RMI since we do not have Medicaid.
5. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This is not applicable to the RMI since we do not have Medicaid.
6. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
There is universal health care coverage for all citizens and residents in the RMI. The Ministry of Health will focus on efforts to screen all children in order to have the children identified with special health care needs and refer them to the CSHCN program.
7. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This is only an estimate since data is not available.
8. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
This is only an estimate since data is not available.
9. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This is an estimate since actual number is not available.
10. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This is not done for Marshall Islands, since the RMI is not eligible for EPSDT.
11. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
See note for Form 17.
12. **Section Number:** Health Systems Capacity Indicator #07

**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
See notes on Form 17.

13. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
This is not applicable to the RMI since there is no SSI program.

14. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
See notes on Form 17.

15. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
See notes on Form 17.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MH**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Other	0	12.4	12.4
b) Infant deaths per 1,000 live births	2004	Other	0	23	23
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Other	0	32	32
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Other	0	0	0

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MH**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	100
b) Medicaid Children (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) Pregnant Women	2004	100

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: MH**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	_____
b) Medicaid Children (Age range _____ to _____ ) (Age range _____ to _____ ) (Age range _____ to _____ )		_____ _____ _____
c) Pregnant Women	2004	_____

## FORM NOTES FOR FORM 18

This is not applicable to the RMI since RMI does not eligible for Medicaid.

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have Medicaid.
2. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have Medicaid.
3. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have Medicaid.
4. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible for SCHIP.
5. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible for SCHIP.
6. **Section Number:** Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible for SCHIP.
7. **Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is based on Non-Medicaid only since RMI does not have Medicaid.
8. **Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, notice that data provided here is based only on Non-Medicaid since the RMI does not have Medicaid.
9. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is based only for Majuro, Ebeye and Outer Islands are not included here since date is not available yet. This data is also based only on Non-Medicaid since the RMI does not have Medicaid.
10. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since Kotelcuck Index is not used.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

\*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MH**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible for WIC
2. **Section Number:** Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
RMI does not perform any birth defects tests.
3. **Section Number:** Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not have service like PRAMS.
4. **Section Number:** Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The youth program is under different Ministry, therefore, the MCH program will coordinate to excess any data concerning youth services, therefore data for this specific will be provided in the next cycyle.
5. **Section Number:** Indicator 09C  
**Field Name:** WIC\_09C  
**Row Name:** WIC Program Data  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible for Medicaid, WIC Programs, and does not have PRAMS.
6. **Section Number:** Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI, since RMI does not eligible for Medicaid.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MH**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	10.4	16.7	23.7	11.9	12.4
Numerator	115	255	297	189	188
Denominator	1,103	1,531	1,251	1,584	1,512
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	13.6	13.3	11.6
Numerator	0	0	187	208	172
Denominator	0	0	1,373	1,564	1,486
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			1.6	1.2	0.9
Numerator			22	19	13
Denominator	1,103	1,531	1,392	1,592	1,512
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			1.6	1.2	0.6
Numerator			22	18	9
Denominator			1,373	1,564	1,486
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			9.2	4.5	22.4
Numerator			2	1	5
Denominator			21,857	22,052	22,281
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			5.8	2.8	14.0
Numerator			2	1	5
Denominator			34,622	35,182	35,696
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			5.8	2.8	14.0
Numerator			2	1	5
Denominator			34,622	35,182	35,696
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			9.1	4.5	22.4
Numerator			2	1	5
Denominator			21,859	22,052	22,281
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			9.1	4.5	22.4
Numerator			2	1	5
Denominator			21,859	22,052	22,281
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			5.8	2.8	14.0
Numerator			2	1	5
Denominator			34,622	35,182	35,696
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			0.2	1.4	0.9
Numerator			4	27	19
Denominator			18,626	19,370	20,158
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			1.0	1.4	6.1
Numerator			18	27	123
Denominator			18,262	19,370	20,158
Is the Data Provisional or Final?				Final	Final

**FORM NOTES FOR FORM 20**

Please, notice that I was not able to do input of data for Numerator for FY 2000, and Annual Indicator with Numerator for FY 2001 (we have data available). I've tried several times but no suceed. No data shown here for FY 2000 & 2001 for # 02B, # 03A,# 03B,# 03C. For #04A, this data is estimated and is also based on 1,000 and not 100,000 since the RMI population is less than this required number.

**FIELD LEVEL NOTES**

None

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,512	0	0	0	0	1,512	0	0
Children 1 through 4	9,803	0	0	0	0	9,803	0	0
Children 5 through 9	7,619	0	0	0	0	7,619	0	0
Children 10 through 14	6,633	0	0	0	0	6,633	0	0
Children 15 through 19	7,501	0	0	0	0	7,501	0	0
Children 20 through 24	6,293	0	0	0	0	6,293	0	0
Children 0 through 24	39,361	0	0	0	0	39,361	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,512	0	0
Children 1 through 4	6,124	0	0
Children 5 through 9	7,619	0	0
Children 10 through 14	6,633	0	0
Children 15 through 19	7,501	0	0
Children 20 through 24	6,293	0	0
Children 0 through 24	35,682	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	4	0	0	0	0	4	0	0
Women 15 through 17	204	0	0	0	0	204	0	0
Women 18 through 19	204	0	0	0	0	204	0	0
Women 20 through 34	741	0	0	0	0	741	0	0
Women 35 or older	67	0	0	0	0	67	0	0
Women of all ages	1,220	0	0	0	0	1,220	0	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	4	0	0
Women 15 through 17	204	0	0
Women 18 through 19	204	0	0
Women 20 through 34	741	0	0
Women 35 or older	67	0	0
Women of all ages	1,220	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	23	0	0	0	0	23	0	0
Children 1 through 4	11	0	0	0	0	11	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	3	0	0	0	0	3	0	0
Children 0 through 24	44	0	0	0	0	44	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	23	0	0
Children 1 through 4	11	0	0
Children 5 through 9	3	0	0
Children 10 through 14	2	0	0
Children 15 through 19	2	0	0
Children 20 through 24	3	0	0
Children 0 through 24	44	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	33,068	0	0	0	0	33,068.0	0	0	2004
Percent in household headed by single parent	0	0	0	0	0	0	0	0	2004
Percent in TANF (Grant) families	7.8	0	0	0	0	7.8	0	0	2004
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2004
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2004
Number living in foster home care	0	0	0	0	0	0	0	0	2004
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2004
Number enrolled in WIC	0	0	0	0	0	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	420.0	0	0	0	0	420.0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	38.8	0	0	0	0	38.8	0	0	2004

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	0	33,068.0	0	2004
Percent in household headed by single parent	0	0	0	2004
Percent in TANF (Grant) families	0	7.8	0	2004
Number enrolled in Medicaid	0	0	0	2004
Number enrolled in SCHIP	0	0	0	2004
Number living in foster home care	0	0	0	2004
Number enrolled in food stamp program	0	0	0	2004
Number enrolled in WIC	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	0	420.0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0	38.8	0	2004

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	21,825
Living in rural areas	11,243
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>33,068</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	61,218.0
Percent Below: 50% of poverty	0
100% of poverty	100.0
200% of poverty	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MH**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	33,068.0
Percent Below: 50% of poverty	0
100% of poverty	100.0
200% of poverty	0

## FORM NOTES FOR FORM 21

Please, notice that for category: Women 15-17 & 18-19 duplicates each other since the RMI age group is 15 -19. It is difficult to sort out for the cycle, but it will report next cycle based on age break down as stated for HSI #06A. Data here is based only on Majuro clinics. Notice that for HSI #08A, & B, there is no specific subgroup and race indicated here. The MCH will coordinate with the Health Planning Office at MOH for next reporting cycle.

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The age group is stated here is based on the RMI Age Group" which 19 years is included in this data (Women <19).
2. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, notice that the age group stated is 15-19 RMI age group.
3. **Section Number:** Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, notice that the age group stated here is 15-19 (RMI Age Group).
4. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, notice that this data stated here is based on all ethnicity and specific ethnicity.
5. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, notice that the age group is 15-19 based on RMI age group. This data also comes in Percentage (%).
6. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The age group here is 15-19 based on RMI age group, and this is also comes in Percentage (%).
7. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, note that this data is in percentage (%) and not in number.
8. **Section Number:** Indicator 07B  
**Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is based on percentage (%) not in number.
9. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data for this specific question is not available yet.
10. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
It is our culture that people live as extended families, there has not been a specific meaning for large or small family. On an average there were 7.8 persons per household in RMI in 1999. When compared to other Pacific island countries this size of household is the largest in the region.
11. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since there is no Medicaid here.

12. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI does not eligible.
13. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
RMI does not eligible to food stamp program.
14. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI since RMI is not eligible to WIC.
15. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
As many as 420 persons under the age of 17 arrested in 2002. Most cases of juvenile crime were for curfew violation and drinking underage. Please, notice that this data is not in rate but in number(next reporing cycle will be in rate). Notice that for the RMI, rate is based on per 1,000 since RMI pupulation (is less than required) and not on per 100,000.
16. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2006  
**Field Note:**
17. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
In our cuture,families live with other family members in. Single parent live with other family members where they share the same house/home with the rest of the family.
18. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Please, refer to HSI #9A on % in TANF.
19. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The RMI does not have Medicaid.
20. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
tThis is not applicable, since the RMI does not have SCHIP.
21. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is not applicable to the RMI, since the RMI does not eligible to food stamp program.
22. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This is applicable to the RMI, since the RMI does not eligible for WIC.
23. **Section Number:** Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**

Based on Federal guide line, more than it is estimated that 80% of the population is below poverty.

24. **Section Number:** Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2006

**Field Note:**

Based on the federal guideline, it estimated that 80% of these children in the state live on poverty.

25. **Section Number:** Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2006

**Field Note:**

The RMI does not have foster home care.

26. **Section Number:** Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2006

**Field Note:**

This is not applicable, since the RMI does not have foster home care, people live with other family members.

**NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MH**

SP # 1

**PERFORMANCE MEASURE:**

Percentage of mothers who receive nutrition and family planning counseling during prenatal care

**GOAL**

Increase to 90% mothers who receive nutrition and family planning counseling during prenatal care visits

**DEFINITION**

**Numerator:**

Total number of mothers who receive nutrition and family planning counseling during prenatal care visits

**Denominator:**

Total number of mothers who attend prenatal care clinics

**Units:** 100    **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Outpatient prenatal care visits, Medical Records, HMIS

**SIGNIFICANCE**

Child hood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counselling on nutrition and family planning and their effects on their lives and the lives of their children.

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

SP # 2

**PERFORMANCE MEASURE:**

The birth rate(per 1,000) for teenagers age 15-17

**GOAL**

To lower the birth rate among teenagers, especially those age 15 through 17 years.

**DEFINITION**

**Numerator:**

Number of live birth to teenagers aged 15-17 in the calender year.

**Denominator:**

Number of females aged 15-17 years int he calender year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 9-7

Reduce pregnancies among females aged 15-17 to no more than 10 per 1,000 females aged 15-17 years. Based line: 17 pregnancies per 1,000 females aged 15-17 years in 2004.

**DATA SOURCES AND DATA ISSUES**

Vital records are the source of data on mother's age and births. Population records are available from the Census.

**SIGNIFICANCE**

The country is making lowering the rate of teen pregnancies(a major threat to healthy and productive lives) a peiority goal in its strategic plan. Teen parenting is asociated with the lack of high school completion and initiating a cycle of poverty for mothers

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

SP # 3

**PERFORMANCE MEASURE:**

The Percentage of pregnant women who receive prenatal care during the first trimester.

**GOAL**

To ensure early entrance into prenatal care to enhance pregnancy outcome.

**DEFINITION**

**Numerator:**

Number of live births with reported first prenatal visit during the first trimester (before 13 weeks = gestation) in the calendar year.

**Denominator:**

Number of live births in the State in the calendar year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-16a: Increase proportion of pregnant women who receive early and adequate prenatal care beginning in the first trimester of pregnancy to 85 percent. (Baseline 32 percent in 2004.)

**DATA SOURCES AND DATA ISSUES**

Birth certificate data and the State vital records are available for over 99% of birth.

**SIGNIFICANCE**

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes.

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

SP # 4

**PERFORMANCE MEASURE:**

The percentage of high risk pregnant women who are identified and are referred to special prenatal services

**GOAL**

To identify expectant mothers who are at high risk for complications that could endanger their lives and their babies during their pregnancy or delivery.

**DEFINITION**

**Numerator:**

Total number of identified high risk women who are referred

**Denominator:**

The total number of high risk women who are identified

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Medical Records, HMIS

**SIGNIFICANCE**

The MCH program has seen an increasing number of pregnant women during prenatal visits who are at high risk for complications during their pregnancy or delivery. These high risks include expectant mothers being identified as anemic, diabetic, or hypertensive.

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

SP # 5

**PERFORMANCE MEASURE:**

The number of women who are screened for cervical cancer.

**GOAL**

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

**DEFINITION**

**Numerator:**

The total number of women who receive Pap smear screening

**Denominator:**

The total number of women who needs a Pap smear

**Units:** 100 **Text:** per centage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

**SIGNIFICANCE**

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 6

**PERFORMANCE MEASURE:**

Proportion of children who are identified and referred to the Children with Special Health Care Needs program

**GOAL**

To increase the number of children who are identified to need special health care needs to be referred to the Children with Special Health Care Needs program

**DEFINITION**

**Numerator:**

Total number of children identified as needing special health care needs who were referred to the CSHCN program

**Denominator:**

Total number of children identified with abnormalities needing special health care

**Units:** 100 **Text:** percentage

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHCN Program, Maternity Logs, Nursing Log, HMIS

**SIGNIFICANCE**

The Marshall Islands is in the process of developing a protocol on screening all infants born in the Ministry's health facilities and a mechanism to screen children in the urban centers and outer island communities

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 7

**PERFORMANCE MEASURE:**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**GOAL**

To prevent pit and fissure tooth decay (dental caries).

**DEFINITION**

.

**Numerator:**

Number of third grade children who have a protective sealant on at least one permanent molar tooth.

**Denominator:**

Number of third grade children in the State during the year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21.8

Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. Baseline: will provide next cycle.

**DATA SOURCES AND DATA ISSUES**

This requires primary data collection, such as examination or screening of a representative sample of school children. Existing will be re-examed for baseline.

**SIGNIFICANCE**

Dental caries affects two-third of children by the time they are 15 years of age. Developmental irregularities, called pit and fissures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greater risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized. In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. public managed sealant programs are usually school-based or school-linked and target under served children, thus providing occasions that dental sealants are the oral health equivalent of immunization.

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

SP # 8

**PERFORMANCE MEASURE:**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**GOAL**

To prevent pit and fissure tooth decay (dental caries).

**DEFINITION**

.

**Numerator:**

Number of third grade children who have a protective sealant on at least one permanent molar tooth.

**Denominator:**

Number of third grade children in the State during the year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21.8

Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. Baseline: will provide next cycle.

**DATA SOURCES AND DATA ISSUES**

This requires primary data collection, such as examination or screening of a representative sample of school children. Existing will be re-examed for baseline.

**SIGNIFICANCE**

Dental caries affects two-third of children by the time they are 15 years of age. Developmental irregularities, called pit and fissures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greater risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized. In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. public managed sealant programs are usually school-based or school-linked and target under served children, thus providing occasions that dental sealants are the oral health equivalent of immunization.

**OBJECTIVE**

2006	2007	2008	2009	2010
------	------	------	------	------

